

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 6/19/67

Address: 423 S 1/2 350 W

Case #: 42-27269

Greensburg In

County: Deer

47240

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☒ Open No Structure
☐ Vehicle ☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Flammable Solvents: _____
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: Hose, Cans, Fuel
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☒ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: LED

Fax: 1-800-DEER

Health Department: Deer Co

812
Fax: 663-4701

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: 1245

Phone 669-5000

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department
issued within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.